

Foster Family Home - Corrective Action Report

Provider ID: 1-521791

Home Name: Maricar Francisco, CNA

Review ID: 1-521791-7

94-728 Kumau Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/14/2020

Foster Family Home

Required Certificate

[11-900-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification completed.

Home is in compliance with all requirements. Home will receive a 3 bed certification.

Maribel Nakamine, RN

Compliance Manager

10/14/2020

Date

Maricar Francisco

Primary Care Giver

10-14-20

Date